

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| | | |
|---|---|---|
| 1. TITLE OF NEWSPAPER <i>Kadoka Press</i> | | 2. DATE <i>9/29/14</i> |
| 3. FREQUENCY OF ISSUE <i>Weekly</i> | 3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i> | 3B. ANNUAL SUBSCRIPTION PRICE \$ <i>35 local / \$42 out-of-area</i> |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>PO Box 309 / 915 Main St. Kadoka, Jackson, SD 57543 - 0309</i> | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>on back</i> | | |
| 6. FULL NAME OF PUBLISHER: <i>on back</i> | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <i>on back</i> | | COMPLETE MAILING ADDRESS |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>on back</i> | | |
| 9. EXTENT AND NATURE OF CIRCULATION | | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS |
| A. TOTAL NO. COPIES (Net Press Run) | | <i>800</i> |
| B. PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies. | | <i>169</i> |
| 2. Mail Subscription (Paid and or requested) | | <i>486</i> |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | | <i>655</i> |
| D. FREE DISTRIBUTION | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | | <i>40</i> |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | <i>-</i> |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | | <i>695</i> |
| F. COPIES NOT DISTRIBUTED | | |
| 1. Office use, left over, unaccounted, spoiled after printing | | <i>87</i> |
| 2. Return from News Agents | | <i>18</i> |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A) | | <i>800</i> |
| | | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| | | <i>800</i> |
| | | <i>177</i> |
| | | <i>472</i> |
| | | <i>649</i> |
| | | <i>40</i> |
| | | <i>-</i> |
| | | <i>689</i> |
| | | <i>93</i> |
| | | <i>18</i> |
| | | <i>800</i> |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

David Rawlins

(Signature)

Publisher

(Title)

State of South Dakota)
County of *Haakon*)
(Seal) §

Sworn to before me this 29 day of Sept, 2014
Jolene Haynes
Notary Public
My commission expires: 4-3-2015

Owners:

Ravellette Publications, Inc. - *Headquarters*
P O Box 788
Philip, SD 57567-0788

Donald Ravellette, *Publisher*
P O Box 633
Philip, SD 57567-0633

Bondholders, Mortgages & Other Security Holders:

First National Bank
P O Box 910
Philip, SD 57567-0910